



Student Service-Learning Verification Form

Complete this form in blue or black ink and submit to the School Service-Learning Coordinator by the end of each semester in which the service was completed. Submit this form by September 30 for service hours completed in the summer.

Section to be completed by the student:

Student Name: _____ Student Number: _____
School: _____ Student Telephone: _____
Student Mailing Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Grade in school _____

Student Assessment of Service-Learning Activity

- I. Discuss your **preparation** for this service-learning activity/activities by completing the prompts below.
- In reviewing the research and information available, I found the following facts about the population to be served and the need for this service-learning activity.

- The name and title of the person who will train, supervise, and guide my service-learning activity is

- II. Describe the service-learning **activity/activities** that you completed.

To be completed by agency representative for independent hours.

Agency Name: _____ Tax ID # _____
Address: _____ City: _____
State: _____ Zip: _____
Supervisor / Teacher: _____ Title: _____
Telephone: _____ Email: _____

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Service Learning Log

Date of Service	Agency Name	Hours of Service	Total Hours Earned	Signature of Supervisor/Teacher

Upon **reflection**, what did you learn about yourself and others?

Student's Signature

Parent or Guardian's Signature

Date

Date

For School-Based Student Service-Learning Coordinator and data-entry personnel use only:

Previous Independent Hours _____

+ Independent Hours for this activity _____

=Total Independent Hours _____

Date of receipt _____

Signature _____

Title _____